



# FALSE ALARM REDUCTION UNIT (FARU)

CINCINNATI POLICE DEPARTMENT  
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## **ALARM REGISTRATION- RESIDENTIAL**

(PLEASE TYPE OR PRINT)

### **A) ADDRESS WHERE ALARM IS LOCATED**

STREET ADDRESS

CITY, STATE, ZIP CODE

### **B) PERSON LIVING AT ALARM ADDRESS**

NAME (LAST, FIRST)

TELEPHONE NUMBER

### **C) RESPONSIBLE PARTY – ADDRESS WILL BE USED FOR LETTERS AND STATEMENTS**

NAME (LAST, FIRST)

STREET ADDRESS

TELEPHONE NUMBER

CITY, STATE, ZIP CODE

### **D) CONTACT PERSON 1**

### **CONTACT PERSON 2**

NAME (LAST, FIRST)

NAME (LAST, FIRST)

TELEPHONE 1

TELEPHONE 2

TELEPHONE 1

TELEPHONE 2

### **E) WHAT IS THE NAME AND ADDRESS OF YOUR CURRENT ALARM COMPANY**

COMPANY NAME

STREET NUMBER, NAME

CITY, STATE, ZIP CODE

TELEPHONE 1

TELEPHONE 2

**IF INSTALLED AFTER 7/15/03, PROVIDE THE INSTALLATION DATE** \_\_\_\_\_

**Alarm Registrations are Alarm Location (Address) and Alarm User (Responsible Party) specific and are not transferable.**

*I hereby certify that the above information is accurate to the best of my knowledge.*

Signature of Alarm System Responsible Party

Date

**(Retain a copy of this form for your records.)**